

STATE OF IOWA

TERRY BRANSTAD, GOVERNOR KIM REYNOLDS, LT. GOVERNOR IOWA BOARD OF MEDICINE
MARK BOWDEN, EXECUTIVE DIRECTOR

April 20, 2015

FOR IMMEDIATE RELEASE

Summary of the April 2-3, 2015, Board Meeting

The following is a summary of the April 2-3, 2015, meeting of the Iowa Board of Medicine.

Cases Reviewed: The Board reviewed 156 cases.

New Investigative Cases: The Board reviewed 70 new investigative cases.

Combined Statement of Charges and Settlement Agreements: If the Board determines that probable cause exists for formal disciplinary action against a licensee, the Board and the licensee may enter into a combined Statement of Charges and Settlement Agreement to resolve the matter. The combined Statement of Charges and Settlement Agreements contain the Board's allegations and the disciplinary sanctions.

The Board approved 3 Combined Statements of Charges and Settlement Agreements.

1. An Iowa-licensed physician who formerly practiced internal medicine in Peoria, Illinois, entered into a combined Statement of Charges and Settlement Agreement with the Board on April 3, 2015. The physician's Iowa medical license has been inactive since December 1, 2011. On May 23, 2013, the physician was indicted in the United States District Court in Peoria, Illinois, for obtaining controlled substances by fraud and deception. From January 2011 to January 2013, the physician issued, or caused to be issued, hundreds of fraudulent and deceptive prescriptions for hydrocodone to fictitious patients under his DEA registration. The physician entered a guilty plea to the criminal charge of obtaining controlled substances by fraud and deception and was sentenced to two years of probation. On January 8, 2014, the Illinois Board summarily suspended the physician's Illinois medical license after he tested positive for controlled substances. The physician was subsequently disciplined in Arizona and California. Under the terms of the April 3, 2015, combined Statement of Charges and Settlement Agreement, the Iowa Board charged the physician with being disciplined by the Illinois Board and he voluntarily surrendered his Iowa medical license.

- 2. An Iowa-licensed surgeon who practices in Sioux City, Iowa, entered into a combined Statement of Charges and Settlement Agreement with the Board on April 8, 2015. The Board alleged that the physician failed to conform to the minimal standard of acceptable and prevailing practice of surgery in Iowa in his treatment of multiple patients in Sioux City, Iowa, between 2006 and 2009. The Board expressed concerns about the physician's: preoperative evaluations; use of non-operative treatment options; complex surgical procedures; use of subspecialty surgical consultations and/or referrals; documentation; and communication with nursing staff. The physician filed an Answer denying the Board's allegations, however, he agreed to the terms of the order to resolve the matter. On September 3, 2014, the physician completed a comprehensive clinical competency evaluation at the Center for Personalized Education for Physicians (CPEP), in Denver, Colorado. CPEP concluded that the physician demonstrated adequate medical knowledge, appropriate clinical judgment and reasoning, and his communication skills were adequate with room for improvement. CPEP concluded that the physician's documentation was inadequate and that he did not pass a manual skills exam. CPEP recommended direct observation of the physician's abilities in laparoscopic procedures by peer professionals. CPEP also recommended completion of a medical recordkeeping program with follow-up and coaching from a respected colleague regarding his documentation and application of medical knowledge to patient care. Under the terms of the April 8, 2015, combined Statement of Charges and Settlement Agreement, the Board issued the physician a Citation and Warning and ordered him to pay a \$5,000 civil penalty and complete a Board-approved medical recordkeeping program with follow-up. The physician also agreed to fully comply with a Board-approved practice monitoring plan for the remediation and monitoring of his surgical practice.
- 3. An Iowa-licensed surgeon who practices in Decorah, Iowa, entered into a combined Statement of Charges and Settlement Agreement with the Board on April 3, 2015. The Board alleged that the physician performed a surgical procedure at the wrong anatomical site in violation of the laws and rules governing the practice of medicine in Iowa. On December 15, 2011, the physician performed a laparoscopic colostomy on a patient in Decorah, Iowa. The physician inadvertently performed the colostomy on the distal colon rather than the proximal colon resulting in complications. He recognized the error after he completed the procedure and performed corrective surgery. Under the terms of the April 3, 2015, combined Statement of Charges and Settlement Agreement, the Board issued the physician a Citation and Warning and ordered him to pay a \$2,500 civil penalty and submit a written corrective action plan to the Board for approval. The written corrective action plan describes the steps he has taken to avoid such errors in the future.

Confidential Evaluation Orders: If the Board receives evidence that a physician may suffer from a physical, neurological or mental health condition, or substance abuse, or has engaged in unprofessional conduct, disruptive behavior or sexual misconduct, the Board may issue a confidential evaluation order requiring the physician to complete an evaluation at a Board-approved evaluation program. Additionally, if the Board receives evidence that a physician lacks the ability to practice medicine with reasonable skill and safety, the Board may issue a confidential evaluation order requiring the physician to complete a clinical competency evaluation at a Board-approved evaluation program.

The Board approved 3 Confidential Evaluation Orders due to the following areas of concern:

1. Concerns that a physician engaged in a pattern of unprofessional conduct including hostile, threatening and intimidating behavior toward co-workers.

- 2. Concerns that a physician engaged in a pattern of unprofessional conduct and/or behavior which violated appropriate professional boundaries.
- 3. Concerns that a physician engaged in a pattern of unprofessional conduct and/or behavior which violated appropriate professional boundaries.

Board Appearances: The Board may ask a licensee to appear before the Board to discuss concerns when the Board determines that a face-to-face meeting will assist the Board during the investigative process.

The Board held 4 appearances due to the following concerns:

- 1. Concerns about a physician's informed consent and communication and treatment of a patient who experienced complications following hormone therapy.
- 2. Concerns that a physician prescribed controlled substances to a member of the physician's immediate family.
- 3. Concerns that a physician performed surgery on a patient's wrong ankle.
- 4. Concerns that a physician engaged in a pattern of unprofessional conduct and/or behavior which violated appropriate professional boundaries.

Confidential Letters of Warning or Education: When the Board determines that probable cause does <u>not</u> exist to take formal disciplinary action against a licensee the Board may send a confidential, non- disciplinary, letter to the licensee expressing concerns and asking the licensee to take corrective action, including further education.

The Board voted to issue 18 confidential Letters of Warning or Education for the following areas of concern:

- 1. Concerns about a physician's prescribing of controlled substances to a few patients for the treatment of chronic pain.
- 2. Concerns about a physician's surgical treatment and postoperative care of a single patient who experienced significant postoperative complications.
- 3. Concerns about a physician's surgical treatment of a single patient who experienced significant postoperative complications.
- 4. Concerns about a physician who misread an electrocardiogram (EKG) and failed to document the recommendation for hospital admission.
- 5. Concerns about a physician's treatment of a high-risk pregnancy, including failure to establish and/or document an estimated fetal weight at the time of admission.
- 6. Concerns about a physician's evaluation of a patient, including failure to recognize and address signs and symptoms of a pulmonary embolism.
- 7. Concerns about a physician who engaged in unprofessional conduct and/or behavior which violated appropriate professional boundaries with a subordinate co-worker.
- 8. Concerns about a physician's surgical treatment and documentation for a single patient who experienced significant postoperative complications.
- 9. Concerns about a physician's informed consent, surgical treatment, communication and documentation for two patients who experienced postoperative complications.
- 10. Concerns about a physician's pain control during a nephrostomy.
- 11. Concerns that a physician prescribed medications to a former patient in another state without appropriate examinations, monitoring and medical records.
- 12. Concerns about a physician's performance of a cesarean section delivery for a single patient.
- 13. Concerns about a physician's evaluation and treatment of a single pregnant patient who presented with nausea, vomiting and cognitive concerns.

- 14. Concerns about a physician's evaluation and treatment of a patient who experienced neurological deficits following spine surgery.
- 15. Concerns that a physician failed to document an accurate and detailed cause of death on death certificates.
- 16. Concerns that a physician failed to complete a death certificate in a timely manner.
- 17. Concerns that a physician with an inactive Iowa medical license was sanctioned by another state licensing Board for prescribing to members of his immediate family.
- 18. Concerns that a physician with an inactive Iowa medical license was disciplined by another state licensing Board due to competency concerns.

Monitoring Committee: The Monitoring Committee monitors licensees who are subject to a Board disciplinary order and require monitoring.

The Monitoring Committee reviewed 8 physicians who are being monitored by the Board and held 4 physician appearances.

Screening Committee: The Screening Committee reviews cases that are lower priority to determine whether investigation is warranted.

The Screening Committee reviewed 30 cases.

Licensure Committee: The Licensure Committee reviews initial license applications, renewals and reinstatements and other licensure policies and issues. Most license applications are approved by Board staff without Licensure Committee review. However, some applications raise concerns about an applicant and the Licensure Committee must review the matter to determine whether a license should be granted, renewed or reinstated.

The Committee reviewed 8 licensure applications and granted 5 permanent licenses and granted 1 temporary license. Two applications for reinstatement of a permanent license were left open to obtain further information.

The Committee granted a request for waiver of IA Administrative Code 653-9.8(7)c which requires applicants to who have not engaged in active practice in the past three years in any jurisdiction of the United States or Canada to successfully pass a competency evaluation; pass an exam approved by the Board; complete a retraining program; or complete a reentry to practice or monitoring program.

The Committee approved 3 Letters of Warning that were issued due to concerns that the applicants failed to provide truthful, accurate or complete information on the applications.

In other action the Board:

- Voted to adopt ARC1769C, standards of practice for physicians who use telemedicine. The new rule to Iowa Administrative Code 653 Chapter 13 was noticed by the Board on October 3, 2014, and was reviewed at a public hearing on January 15, 2015. The rule is scheduled to be published in the Iowa Administrative Bulletin on April 29, with an effective date of June 3, 2015.
- Elected new officers, effective May 1, 2015: Hamed Tewfik, M.D., Iowa City, chairperson; Allison Schoenfelder, M.D., Akron, vice chairperson; and Ronald Cheney, D.O., Carroll, secretary.

- Recognized three members whose terms will end on April 30, 2015: Msgr. Frank Bognanno, Des Moines, Julie Perkins, M.D., Carroll, and Michael Thompson, D.O., Pella.
- Approved a meeting schedule for 2016: February 4-5, April 7-8, June 2-3, July 28-29, September 15-16, October 27-28, and December 15-16. The Board's scheduled teleconferences for 2016 are January 14, March 3, May 12, August 11, and November 17. Meeting agendas and minutes are available on the Board's website, http://www.medicalboard.iowa.gov.
- Issued its 2014 annual report on the agency's licensure and regulatory activities. The report can be downloaded at http://www.medicalboard.iowa.gov/images/pdf/2014%20Annual%20Report%20-%20Final.pdf
- Received a report from the Iowa Physician Health Program, which monitors physicians with mental health issues, physical disabilities or substance use disorders. The program had 66 participants and 19 in the review process on March 30. There have been two new participants admitted to the program and seven discharges since January 1.
- Received reports from the Iowa Attorney General's Office on three disciplinary cases and
 one rulemaking case under judicial review in state courts. The Board was also notified
 that a recipient of a cease and desist letter is seeking a judicial review of the grounds for
 the letter.

A press release describing public disciplinary action taken by the Board was distributed and posted on the Board's Website on April 20, 2015. If you have questions about this summary or the Board's press release, please contact Kent M. Nebel, J.D., Legal Director, at (515) 281-7088 or kent.nebel@iowa.gov.